



1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Assess for signs of trauma
If traumatic injury suspected, treat in conjunction with [TP 1244-P, Traumatic Injury](#)
4. Control bleeding with direct pressure ❶
5. For epistaxis:
Control bleeding by pinching nose just distal to nasal bone with head in neutral position and patient sitting forward ❷
Document Provider Impression – *Epistaxis*
6. For tooth avulsion:
Handle it by the enamel (crown) and do not touch the root
Place in container with **Normal Saline**
7. For complaints of throat irritation and/or foreign body sensation:
Assess for airway obstruction, if present treat per [TP 1234, Airway Obstruction](#)
For throat complaints without airway obstruction, document Provider Impression – *ENT/Dental Emergencies*
8. Establish vascular access prn ([MCG 1375](#))
9. For pain management: ([MCG 1345](#))
Fentanyl (50mcg/mL) 1mcg/kg slow IV push or IM, dose per [MCG 1309](#) or
Fentanyl (50mcg/mL) 1.5mcg/kg IN, dose per [MCG 1309](#)
Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact
Morphine (4mg/mL) 0.1mg/kg slow IV push or IM, dose per [MCG 1309](#)
Repeat in 5 min prn x1, maximum 2 total doses prior to Base contact

CONTACT BASE for additional pain management after maximum dose administered:
May repeat Fentanyl or Morphine as above maximum 4 total doses
10. For nausea or vomiting in patients ≥ 4 years old:
Ondansetron 4mg ODT



SPECIAL CONSIDERATIONS

- ❶ If unable to sit upright due to poor perfusion or concerns for trauma with possible thoracic or lumbar spinal injury, consider log rolling on side to prevent airway compromise.
- ❷ To prevent aspiration and for patient comfort, sit patient in high Fowler's position leaning forward and suction prn.

